

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete if Known	
		Application Number	10/734,258-Conf. #1477
		Filing Date	December 15, 2003
		First Named Inventor	Sergey IOFFE
		Examiner Name	Amara Abdi
		Art Unit	2624
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27		
TOTAL AMOUNT OF PAYMENT		(\$) 460.00	
		Attorney Docket No. 0879-0434P	

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/>	Check	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Money Order
<input type="checkbox"/>	None	<input type="checkbox"/>	Other (please identify): _____		
<input checked="" type="checkbox"/>	Deposit Account	Deposit Account Number:	02-2448	Deposit Account Name:	Birch, Stewart, Kolasch & Birch, LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/>	Charge fee(s) indicated below	<input type="checkbox"/>	Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/>	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/>	Credit any overpayments		

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues) _____ 50 25							
Each independent claim over 3 (including Reissues) _____ 210 105							
Multiple dependent claims _____ 370 185							
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
32	-32 =	x _____	= _____	Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
2	-3 =	x _____	= _____				
HP = highest number of independent claims paid for, if greater than 3.							

3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____	-100 =	/50 = _____ (round up to a whole number) x _____		= _____			
4. OTHER FEE(S)							
Non-English Specification: \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1252 Extension for response within second month 460.00							

SUBMITTED BY							
Signature				Registration No. (Attorney/Agent)	40,439	Telephone	(703) 205-8035
Name (Print/Type)	D. Richard Anderson			Date	June 3, 2008		